MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number	Filing Date
10585035	

Applicant(s) **Lutz MAY**

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		2				
4		2				
5		(1)				
6		(1)				
7		1				
8		1				
9		1				
10		2				
11		(1)				
12		(1)				
13		(1)				
14		(1)				
15		(1)				
16		(1)				
17		(1)				
18		(1)				
19		(1)				
20		(1)				
21		(1)				
22		(1)				
23		(1)				
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25		(1)				
26		(1)				
27		(1)				
28		(1)				
29		(1)				
30		(1)				
31		(1)				
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35		(1)				
36		(1)				
37		(1)				
38		(1)				
39		(1)				
40		(1)				
41		(1)				
42		(1)				
43		(1)				
44	1					
45						
46						
47						
48						
49						
50						
Total Indep	2		0		0	
Total Depend	45	↵	0	↵	0	↵
Total Claims	47		0		0	

		Indep	Depend	Indep	Depend	Indep	Depend
51							
52							
53							
54							
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